

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000021601

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** PAT SHERMAN WHOLESALE, INC.

**Current Principal Place of Business:**

4907 CRESTHILL DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

4907 CRESTHILL DRIVE  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 59-3562916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHERMAN, PATRICK A  
4907 CRESTHILL DRIVE  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

CALVACCA, MICHAEL J  
4907 CRESTHILL DRIVE  
TAMPA, FL 33615 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL J CALVACCA

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CALVACCA, MICHAEL J  
Address: 4907 CRESTHILL DR  
City-St-Zip: TAMPA, FL 33615

Title: STD  
Name: SHERMAN, CAROL A  
Address: 4907 CRESTHILL DR  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J CLVACCA

PD

02/21/2011

Electronic Signature of Signing Officer or Director

Date